

Agricultural Tourism Signs Application

Date: _____

Name of
Business _____

Contact
Person _____

Address _____

Telephone _____

Fax _____

E-Mail Address _____

Internet Site _____

Requested Location of Sign(s)

1. Location of agricultural marketing facility

2. What are the months, days, and hours you are open for sales to the public?

3. What percent of your total annual sales comes from North Carolina-grown agricultural products? _____%

4. List the agricultural products sold to the public at this facility _____

5. List non-agricultural products sold at this facility _____

6. Do you provide tours for the public at this facility? ____ Yes ____ No

Note: To qualify for this program, the agricultural facility is required to conduct tours. The word “**TOURS**” is required on all DOT signs that include the name of the business.

*If your answer is **No**, you are not eligible for the Agricultural Tourism Signs program.*

If yes, describe the type of tours, who directs the tours, and when the tours are provided.

7. Do you provide samples of your products? ____ Yes ____ No

List the types of samples: _____

8. Do you have a permanent sign near the roadway entrance to the premises with the name of your business and the days and hours of operation? ____ Yes ____ No

9. Do you have a permanent sign near the front door of your facility that states the times of scheduled tours, **or** that tours are available upon request (within thirty [30] minutes of request)? Per program requirements, this sign shall be posted in a conspicuous location that is visible to customers. ____ Yes ____ No

10. Is this market operated in a permanent structure? ____ Yes ____ No

11. Do you have restrooms available to the public? ____ Yes ____ No

12. Do you have an on-site telephone available for emergency public use? ____ Yes ____ No

13. Do you have drinking water available for public consumption? ____ Yes ____ No

14. List any local or state business licenses you are required to have to operate this business.

15. What is the distance from this agricultural facility to the closest major highway interchange? _____ miles

16. Do you want the logo (see cover) associated with your business included on the sign? ____ Yes ____ No (See criteria in Standard Practice for maximum size per sign type.)

17. Attach an NCDOT county map or other official map (see Standard Practice, p. 4, #2) clearly depicting the requested sign locations(s) and the location of the facility. The DOT map

can be obtained on line at www.ncdot.org/planning/statewide/gis/GIS_mapping.html or by contacting your local NCDOT District Engineer's office (see Attachment 1). The Department of Transportation will determine the acceptability of requested sites.

List these intersections including direction of requested sign [example: SR 1020 (May St.) northbound at SR 2015 (Plymouth Rd)]

18. Enclose photographs of your agricultural marketing facility with this application. Photographs shall include pictures of any structures used, tour groups, fields or greenhouses in agricultural production, entrances to the facility, driveways and parking, on-premise signing requirements, and product displays.

I certify that this agricultural business is open for business and meets all applicable program requirements as stated in the Standard Practice for Agricultural Tourism Signage, complies with all Federal, State and local laws, rules and ordinances, including all applicable license and permit requirements, and that I have given true, accurate and complete information on this form to the best of my knowledge.

Signature of Applicant _____
Date _____

Return this form to: Martha Glass
Agritourism Office
1020 Mail Service Center
Raleigh NC 27699-1020
919-733-7887 x.276
martha.glass@ncmail.net